2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

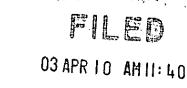
A95000001301 **DOCUMENT#**

1. Entity Name GLÉNRIDGE HOLDINGS, LTD.



Principal Place of Business 3400 NE 34TH ST. SUITE 101 FT LAUDERDALE FL 33308

Mailing Address 3400 NE 34TH ST. SUITE 101 FT LAUDERDALE FL 33308





2. Principal Place of Business		3. Mailing Address		I SERVETH COLOR SOCIAL BEING BOWN BOWN BOWN BOWN BOWN AND WELL WHAT WAS A LIBER WAS A LIBE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State		City & State		4. FEI Number 65-0661335	Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				·	7. Name and Address of New Registered Agent	
RICHTER, SAM 3400 NE 34TH ST, SUITE 101 FT LAUDERDALE FL 33308				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
				- ,		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY				
DOCUMENT # NAME	P95000043053 HARROW HOLDINGS, INC.	STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	3400 NE 34TH ST, SUITE 101 FT LAUDERDALE FL 33308	CITY-ST-ZIP					
DOCUMENT # NAME		STREET ADDRESS	700015640567 04/10/0301029019 **535.00				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					
DOCUMENT # NAME		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					
DOCUMENT#		STREET ADDRESS	,				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	7110-121-1				
DOCUMENT # NAME		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	M THOMAS				
DOCUMENT # NAME		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes